

**STATE OF WASHINGTON  
KING COUNTY DISTRICT COURT**

\_\_\_\_\_  
Petitioner

vs.

\_\_\_\_\_  
Respondent

NO.

**PETITION FOR ORDER  
FOR PROTECTION  
(PTORPRT) (All Cases)**

1. ☐ I am ☐ A member of my family or household is the victim of domestic violence committed by the respondent as described in the statement below.

2. ☐ I live in this county.  
☐ I left my residence because of abuse and this is the county of my new or former residence.

3. My age is:  
☐ Under 16 ☐ 16 or 17 ☐ 18 or over

Respondent's age is:  
☐ Under 16 ☐ 16 or 17 ☐ 18 or over

4. My relationship with the respondent is: ☐ In-law ☐ Resided together in past  
☐ Spouse ☐ Related by blood ☐ Presently dating  
☐ Former spouse ☐ Have child in common ☐ Dated in past  
☐ Parent or child ☐ Presently reside together

5. Identification of Minors (If applicable) ☐ No Minors involved.

Name (First, Middle Initial, Last)	Age	Race	Sex	How Related to Petitioner	Respondent	Resides with

6. Other court cases or other restraining, protection or no-contact orders involving me, the minors and the respondent:

<b>CASE NAME</b>			
<b>CASE NUMBER</b>			
<b>COURT/COUNTY</b>			

**REQUEST FOR TEMPORARY ORDER:** AN EMERGENCY EXISTS as described in the statement below: I need a temporary restraining order issued immediately without notice to the respondent until a hearing to avoid irreparable injury. I request a Temporary Order for Protection that will:

**I REQUEST AN ORDER FOR PROTECTION** following a hearing **THAT WILL:**

<sup>1</sup> RESTRAIN respondent from causing any physical harm, bodily injury, assault, including sexual assault, and from molesting, harassing, threatening, or stalking  
☐ me ☐ the minors named in paragraph 5 above ☐ these minors only:

<sup>2</sup> RESTRAIN respondent from coming near and from having any contact whatsoever, in person or through others, by phone, mail, or any means, directly or indirectly, except for mailing of court documents, with ☐ me ☐ the minors named in paragraph 5 above, subject to any court-ordered visitation ☐ these minors only, subject to any court-ordered visitation:

<sup>3</sup> EXCLUDE respondent from ☐ our shared residence ☐ my residence  
☐ my workplace ☐ my school; ☐ the day care or school of ☐ the minors named in paragraph 5 above ☐ these minors only:

☐ other:

You have a right to keep your residential address confidential.

<sup>4</sup> DIRECT respondent to vacate our shared residence and restore it to me.

<sup>5</sup> PROHIBIT respondent from knowingly coming within, or knowingly remaining within \_\_\_\_\_ (distance) of: ☐ our shared residence ☐ my residence  
☐ my workplace ☐ my school; ☐ the day care or school of ☐ the minors named in paragraph 5 above.

☐ these minors only:

☐ other:

<sup>6</sup> GRANT me possession of essential personal belongings, including the following:

		<sup>7</sup> Grant me use of the following vehicle: Year, Make & Model _____ License No. _____
		<sup>8</sup> OTHER:
		<sup>9</sup> DIRECT the respondent to participate in appropriate treatment or counseling services.
		<sup>10</sup> REQUIRE the respondent to pay the fees and costs of this action.
		<sup>11</sup> REMAIN EFFECTIVE longer than one year because respondent is likely to resume acts of domestic violence against me if the order expires in a year.
Check the following only if you are requesting protection involving a minor:		
		<sup>12</sup> Subject to any court-ordered visitation, GRANT me the care, custody and control of <input type="checkbox"/> the minors named in paragraph 5 above <input type="checkbox"/> these minors only:
		<sup>13</sup> RESTRAIN respondent from interfering with my physical or legal custody of <input type="checkbox"/> the minors named in paragraph 5 above <input type="checkbox"/> these minors only:
		<sup>14</sup> RESTRAIN the respondent from removing from the state: <input type="checkbox"/> the minors named in paragraph 5 above <input type="checkbox"/> these minors only:

**REQUEST FOR SPECIAL ASSISTANCE FROM LAW ENFORCEMENT AGENCIES:**

I request the court order the appropriate law enforcement agency to assist me in obtaining:

- ☐ Possession of my residence. ☐ Use of designated vehicle.  
☐ Possession of my essential personal belongings at ☐ the shared residence ☐ respondent's residence ☐ other.  
☐ Custody of ☐ the minors named in paragraph 5 above ☐ these minors only (If applicable):

\_\_\_\_\_

\_\_\_\_\_

☐ OTHER: \_\_\_\_\_

Domestic violence includes physical harm, bodily injury, assault, stalking, OR inflicting fear of imminent physical harm, bodily injury or assault between family or household members.

**STATEMENT:** The respondent has committed acts of domestic violence as follows. (Describe specific acts of domestic violence and their approximate dates, beginning with the most recent act. You may want to include police responses.)

Describe the most recent incident or threat of violence and date:

Describe the past incidents where you experienced violence, where you were afraid of injury or where the respondent threatened to harm or kill you:

Describe any violence or threats towards children:

Describe medical treatment you received and for what:

Describe any threats of suicide or suicidal behavior by the respondent:

Does the respondent own or possess firearms? ☐ Yes ☐ No

Does the respondent use firearms, weapons or objects to threaten or harm you? Please describe:

If you are requesting that the protection order lasts longer than one year, describe the reasons why:

Other

(Continue on separate page if necessary)

Check box if substance abuse is involved: ☐ alcohol ☐ controlled drugs ☐ other \_\_\_\_\_

I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

DATED \_\_\_\_\_ at \_\_\_\_\_ Washington.

\_\_\_\_\_  
Signature of Petitioner

You have a right to keep your residential address confidential. If you have one, please provide an address, other than your residence, where you may receive legal documents: \_\_\_\_\_  
\_\_\_\_\_